

# Health Department City of Baltimore.

Permit No. A 48/ Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 19<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter J. Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age,                      Years, 5 Months,                      Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }                     

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 402. N. Dallas St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, June 20 1887

{ Undertaker, Margen Spye } J. J. Grop. M. D.

{ Place of Business, 10102 Mulberry St. } Address, 1435 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 482

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Wm. H. and Susan Butler

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age, Years, Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1130 Clarkson Alley

Cause of Death, { First (Primary), Second (Immediate), }

Premature Birth

Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 30/87

{ Undertaker, Gis Est Brown }

{ Place of Business, Health Office Address, Cough & R }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward, Jr.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 483

Office of Registrar of Statistics.

Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 18 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Russell + Bob. King (parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Col. Years, 2 Months,    Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Rochester - N. Y.

Duration of Residence in the City of Baltimore, Two days

Place of Death, { Give Street and Number. } No. 125 (old No.) N. Chas. St.

Cause of Death, { First (Primary), Second (Immediate). } Enteritis

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, June 20/87

Undertaker, Geo. Rinehart Alexander Hill, M. D.

Medical Attendant.

Place of Business, Health Office Address, Coronet

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A. 484 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 20<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Valentine Roberts

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 Years, 4 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Contractor Celler digger

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 Year

Place of Death, { Give Street and Number. } Horn 1911.

Cause of Death, { First (Primary), Second (Immediate), } Inflammatory Pneumonia  
Rheumatism of Heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Natona Cemetery

Date of Burial, June 21

{ Undertaker, A. O. R. Bandell } Thos J. Simms M. D.

{ Place of Business, 950 Gay St } Address, 804 N. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

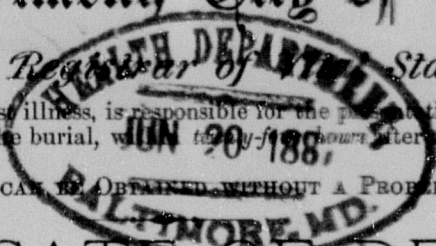
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 485 Office of Registrar of Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 18<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma L. Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 Years, 11 Months, 14 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married ✓

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York City

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give Street and Number. } S. W. Cor. of Fulton & La Fayette Ave.

Cause of Death, { First (Primary), Second (Immediate), } Fatty Degeneration of the Liver.  
Septicæmia.

Duration of Last Sickness, 4 Months.  
All the above information should be furnished by the Physician. Mode of Death - Slow Asphyxia followed by Coma

Place of Burial, London Park

Date of Burial, June 20<sup>th</sup> 1887

{ Undertaker, Emory & Suter } J. F. Powell M. D. Attendant.

{ Place of Business, 330 N. Fayette St. } Address, 309 S. Paul St. Cal.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A-1486 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary O'Brien

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give Street and Number. } 140 Saratoga St. Howard

Cause of Death, { First (Primary), Second (Immediate), } Organic Dis. of Heart. (Mitral Regurgitant)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 21st

Undertaker, H. C. Wiedefeld C. F. Brown M. D.

Place of Business, 916 Green Mt Address, \_\_\_\_\_

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 487 Office of ~~DEATH~~ DEATH STATISTICS

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 19, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Whitmore

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia.

Duration of Residence in the City of Baltimore, about 16 years.

Place of Death, { Give Street and Number. } 1307 W. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Nephritis.  
Pneumonia & Convulsions.

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, June 21, 1887

{ Undertaker, J. M. Leonard & Son John H. White M. D.  
Medical Attendant.

{ Place of Business, 1058 W. Baltimore Address, 1039 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 488 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an Infant not named, give names of parents. }</sup> Rolf Dorsch

Sex, Male or Female, <sup>{ Cross out the word not required in this line. }</sup> Male

Age, 2 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, <sup>{ Cross out the words not required in this line. }</sup> Single

Occupation, Laborer

Birth Place, <sup>{ State or country, and how long in the United States, if of foreign birth. }</sup> Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, <sup>{ Give Street and Number. }</sup> # 1604 Lancaster St

Cause of Death, <sup>{ First (Primary), Second (Immediate), }</sup> Dysentery

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls church

Date of Burial, June 30th 1887

Undertaker, St. Pauls church John H. Rehberger M. D.

Place of Business, 1710 Canton Ave Address, #1709 Alameda

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A 489

Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, JUNE 19 1887.

Full Name of Deceased, ANNA REBECCA RADCLIFFE,

Sex, Male or Female, FEMALE

Age, 1 Years, Months, 6 Days.

Color, WHITE,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, BALTIMORE, MD.

Birth Place, State or country, and how long in the United States, DURING RLIFETIME,

Duration of Residence in the City of Baltimore,

Place of Death, Give Street and Number, 114 SOUTH H FULTON E AVENUE,

Cause of Death, First (Primary), ACUTE MENIGITIS, Second (Immediate), CONVULSIONS.

Duration of Last Sickness, 3 DAYS.

All the above information should be furnished by the Physician.

Place of Burial, New Market, Balts. Co.

Date of Burial, June 21/87

Undertaker, J. B. Cook WILLIAM BRICKERT, M. D. Medical Attendant.

Place of Business, 1003 W. Balt. Address, PENNA AVE & ROBERT ST.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4721 Transit



# Health Department, City of Baltimore.

Permit No. A 490 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosalba Simiring

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Washington D.C.

Duration of Residence in the City of Baltimore, Lifetime Eighteen years

Place of Death, { Give Street and Number. } 1536 Harlem Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis  
Gradual nervous exhaustion

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, St. Olivet Cemetery

Date of Burial, June 21<sup>st</sup> 1887

Undertaker, Wm. S. Maacher John Nepp M. D.

Place of Business, 150 Camden Address, 701 Manhattan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]